

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) <b>SWORD</b>	(First) <b>MAX</b>	(Middle) <b>J.</b>	TELEPHONE <b>(808) 921-6606</b>
MAILING ADDRESS (Street) <b>2375 KUHIO AVENUE</b>			FAX <b>(808) 921-6655</b>
(City) <b>HONOLULU</b>	(State) <b>HAWAII</b>	(Zip Code) <b>96815</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <b>OUTRIGGER ENTERPRISES GROUP</b>			TELEPHONE <b>(808) 921-6650</b>
MAILING ADDRESS (Street) <b>2375 KUHIO AVENUE</b>			FAX <b>(808) 921-6655</b>
(City) <b>HONOLULU</b>	(State) <b>HAWAII</b>	(Zip Code) <b>96815</b>	

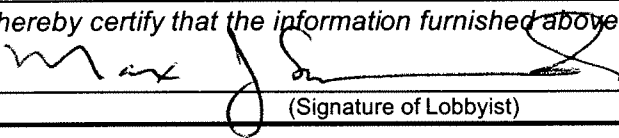
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <b>OUTRIGGER ENTERPRISES GROUP</b>		TELEPHONE <b>(808) 921-6650</b>
MAILING ADDRESS (Street) <b>2375 KUHIO AVENUE</b>		FAX <b>(808) 921-6655</b>
(City) <b>HONOLULU</b>	(State) <b>HAWAII</b>	(Zip Code) <b>96815</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <b>MAX J. SWORD</b>		TELEPHONE <b>(808) 921-6606</b>
MAILING ADDRESS (Street) <b>2375 KUHIO AVENUE</b>		FAX <b>(808) 921-6655</b>
(City) <b>HONOLULU</b>	(State) <b>HAWAII</b>	(Zip Code) <b>96815</b>

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

1/24/07  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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**W. DAVID CAREY, III**

**PRESIDENT & CEO**

NAME OF ORGANIZATION (if applicable)

TELEPHONE

**OUTRIGGER ENTERPRISES GROUP**

**(808) 921-6650**

MAILING ADDRESS (Street)

FAX

**2375 KUHIO AVENUE**

**(808) 921-6655**

(City)

(State)

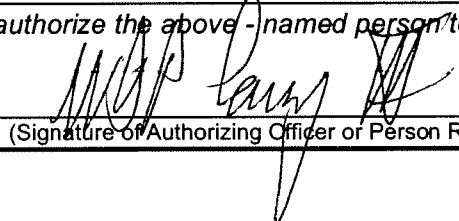
(Zip Code)

**HONOLULU**

**HAWAII**

**96815**

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

1/24/07  
(Date)